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| TRANSMITTAL FORM | Application Number | 09/614,794 |
| | Filing Date | July 12, 2000 |
| | First Named Inventor | Haldane S. Henry |
| | Group Art Unit | 2811 |
| | Examiner Name | Douglas W. Owens |
| Total Number of Pages in this Submission | Attorney Docket Number | SC11152ZP |

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| ENCLOSURES (check all that apply) | | |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Licensing-Related papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/Declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter with appropriate copies |
| <input type="checkbox"/> Extension of time Request | <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Response to Restriction Requirement |
| <input checked="" type="checkbox"/> Information Disclosure Statement, PTP/SB/08 & 1 Reference | <input type="checkbox"/> Request for Refund | <input type="checkbox"/> Associate Power of Attorney |
| <input type="checkbox"/> Certified Copy of Priority Documents | <input type="checkbox"/> CD, Number of CDs | <input checked="" type="checkbox"/> Written Opinion |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | Remarks | |
| <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53 | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------|----------------|
| Firm or Individual | Kim-Marie Vo | Registration No. | 50,714 |
| Signature | <i>Kim-Marie Vo</i> | | |
| Date | <i>January 10, 2003</i> | | |
| CERTIFICATE OF MAILING | | | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on the date listed below: | | | |
| Typed or printed name | Elaine Cox | | |
| Signature | <i>Elaine Cox</i> | Date | <i>1/10/03</i> |